Fayetteville Parks and Recreation Coed Adult Indoor Volleyball - Fall 2017







LEAGUE STRUCTURE:

All matches are 6 vs. 6 (with male and female players staggered throughout a team's rotation). Matches are held Tuesday and Thursday nights (6:15 p.m., 7 p.m., 7:45 p.m., and 8:30 p.m.) at the Yvonne Richardson Community Center, which is located at 240 E. Rock Street, Fayetteville, AR 72701. Each team plays 14 matches during the regular season, which are **won best two out of three sets**. There is a single elimination season tournament held at the end of regular season play. Tournament champions receive awards (typically t-shirts or pint glasses). FPR will provide an official game ball and referee for each match.

REGISTRATION INFORMATION:

- Register online by going to: https://fayetteville.onlinesignup.org
- Bring your registration form and team entry fee to the Parks and Recreation offices located at: 1455 Happy Hollow Road, Fayetteville, AR
- Mail in your registration form, and team entry fee to the following address:

Fayetteville Parks and Recreation Volleyball 113 West Mountain Street Fayetteville, AR 72701

- Fall League Registration: August 21-October 1
- Fall Season (Including Tournament): October 17-December 14
- Registration Fee: \$275

Please email Joe Kieklak (jkieklak@fayetteville-ar.gov) or call him at (479) 444-3474 for more information or visit us at www.fayetteville-ar.gov/volleyball.

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	Team I	Name:			
Captai Name_			phone		
		ease indicate in which le		- ·	
	Competitive (Tue	esday Nights)	Chill Out (Thurs	day Nights)	
		Offic	e use only:		
	Payment Type: Check#	Cash□ Visa□ MC□	Amount \$ Date	Received by	Comp □



City of Fayetteville Parks and Recreation Adult Sports Program Roster and Waiver Form

Waiver: I assume all risks and hazards directly related to and incidental to participation in the Fayetteville Parks and Recreation Program, I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Fayetteville, the sponsors, supervisors and partipants for any claim arising out of my injury. As the representative for this team I understand I am required to inform all team members of this waiver and that by participating they are agreeing to its terms.

Team Captain	Name (Please Print)	Team Captain Signature		
Team Capta	in Phone Number	Team Name		
Name (Please Print)	Email		
1	(Team Captain)	(Team Captain)		
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